

# APPLICATION FOR SIGN PERMIT:

(A SEPARATE APPLICATION MUST BE FILED FOR EACH TYPE OF SIGN)



Each application must have plans showing the location of each sign proposed and a scaled sketch or picture of the sign indicating accurate dimensions, color and style of type face.

PLANNING DEPARTMENT  
100 S Market St. Troy, OH 45373  
Phone(937)339-9481, Fax (937)339-9341  
[www.troyohio.gov](http://www.troyohio.gov)

1 OF SIGN	LOCATION		Project Address	Zoning District	Historic District Y / N	Lot No(s)
			Name of Business	Type of Use (Store, Bank, Restaurant etc.)		
2 REQD INFO		Names (Please <u>Print</u> )		Mailing Addresses – Street, City, Zip Code		Phone (Day time)
APPLICANT						
CONTRACTOR						
PROPERTY OWNER						
3	Are you a New Tenant? Yes No		4	Lot Frontage		5
6	Building Frontage		7	Building Setback		8
9	Top of New Sign from Grade		10	Manner of Fastening		11

REQUIRED INFORMATION ON PROPOSED SIGN						OFFICE USE ONLY	
12	TYPE OF PROPOSED SIGN(S)					SIGN FEE	\$25.00
	FREE STANDING PROJECTING BILLBOARD						
	WALL MARQUEE ON-SITE						
	ROOF OFF-SITE CANOPY/AWNING						
	OTHER INTERNAL ILLUMINATION REFACE ONLY						
13	ACTUAL DIMENSION OF PROPOSED SIGN(S)					TOTAL SQ. FT x \$0.50 (Excludes Reface)	TOTAL AMOUNT DUE
	QTY	LENGTH	WIDTH	HEIGHT	TOTAL AREA		
14	ACTUAL DIMENSION OF SIMILAR EXISTING SIGN(S) IF ANY					TOTAL AMOUNT PAID	DATE:
	QTY	LENGTH	WIDTH	HEIGHT	TOTAL AREA		
15 By signing this application, I acknowledge that I am authorized by the owner to make this application. I agree to conform to all applicable laws of the City. Signing this application will allow a representative of the City of Troy to enter said property for inspection purposes.						RECEIPT NO.	

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_ Fax No. \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

APPROVAL CONTINGENT UPON THE FOLLOWING:

PERMIT ISSUED BY:

REFER TO PERMIT NO:

DATE: